 **Fentress County 4-H**

**Camp Scholarship Application**

Junior 4-H Camp is June 2 – 6 at the Clyde M York 4-H Center in Crossville. To be considered for a camp scholarship, complete this application and the attached reference form. All forms must be returned to the 4-H office by Friday, March 21, 2025.

4-H’ers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

**4-H Activities:**

Have you been to 4-H camp before? Yes No

Have you ever received a 4-H camp scholarship before? Yes No

Describe 4-H activities you have participated in, including offices held:

Describe other activities you are involved in (school, community, etc.):

Why would you like to attend 4-H camp? (to be completed by the 4-H’er)

**\*Must complete. All information on this application will be kept confidential\***

Number of people in the household? \_\_\_\_\_\_\_\_

Where is the mother employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is the father employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you feel your child needs a camp scholarship?

Return this form by 4:00 pm on March 21, 2025, at 3553 South York Highway to the Fentress County Extension Office. If you have any questions please call the Extension Office at (931) 879-9117.

**You will be notified via phone if you receive the camp scholarship. Scholarship amounts will vary. Completing an application does not guarantee a scholarship.**

**Campers who are awarded a scholarship must notify the Extension Office within one week of receiving the award notice that they intend to attend camp.**

I understand the above information and have answered these questions to the best of my ability.

4-H Members Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Parent: I do hereby certify that the information on this application is correct and can be verified if requested.

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4-H Camp Scholarship Reference Form**

This reference form must be completed by a teacher, counselor, preacher, or other such person and may not be completed by friends or family. Once completed the form should be placed in an envelope and returned to the applicant or mailed to:

UT/TSU Extension – Fentress County

Camp Scholarship

3553 South York Highway

Jamestown, TN 38556

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think this applicant should receive a scholarship to attend 4-H Summer Camp?

Are there any special circumstances that you feel should be considered when considering this individual for a camp scholarship?